

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

lice of Campaign and Po e Ashburton Place ston, MA 02108	olitical Finance			8	
17) 727-8352.	*	P	Vet 31 780	50	W
Date of Report	CMus	(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)			
	(IAIG				
. Expenditure(s)	Made By:	Massachusetts Nurses Association (Name of individual or group making expenditure)			
4		(Mante	or manyidual or Broad arrange		02021
		340 Turnpike St., Street Address		Canton City/Town	02021 Zip
			A A	- 0 D	
Name of Cano	lidate(s) For Whor	n the Abov	e Expenditure(s) Election or	Defeat Promoted:	10
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	· ·			£	8 %
	649				a
Expenditure(s)):				
Date Paid	To Whom Paid		Address	Purpose	Amount
10/31/06	Brocketentent	CHONSE	60 Main St.	*vintaa	100249
10101100	1010-1		Brockton 02303		2.0
10/27/06	Saltus P	vess'	24 Johna Rd.	Mailing	708.66
10/29/00	700(10		Worcester 01604	· ·	
			1,4010.00		
140					: 10 A
I hereby certify t	he expenditures no	ted are ind	ependent expenditures, as de	fined by M.G.L. c.55, sect	ion 18A:
I hereby certify t	he expenditures no	ted are ind	ependent expenditures, as des	fined by M.G.L. c.55, sect in did not solicit or receive	ion 18A: any contributions in
(1) the individua	al(s) or group who	made the e	xpenditure(s) described here	n did not solicit or receive	any contributions in
(1) the individua	al(s) or group who on of such expendit	made the e	xpenditure(s) described herei	n did not solicit or receive	any contributions in

I further certify that all statements made herein are true and accurate.

agent of a candidate or any political committee in making such expenditure(s).

Signed under the penalties of perjury:

Katrina Anderson

Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)

FO :11 ,A + 1 & T30 dogs